West Virginia





NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION OFFICE USE ONLY

		,		OFFICE	JOE UNLT		
Date: 6/20/2018		D	ate Rec'd:		Check No	o:	
			ostmark Date		Paid By:		
Operator Project No:	18-215	N	otification No:		Amount:	\$	
Type of Notification: ☐ Original	R-1 Revi sion	(Highlight Cha	nges)		Cancellation		
Type of Operation:							
Demolitio	n 🗌 Or	dered Demoliti	on 🗸	Renovation		Emergency Renoval	tion
Facility Owner:							
	Board of Educati	on					
Address: 506 Holly Aven	ue						
City: Logan		State	e:		5601		
Contact: Rhonda Justic	e			Phone:	304-792-	2044	
Facility Description:							
Name: Logan High Sc							
Address: One Wildcat W	ay		_ City: _ L c				_
County: Logan				Within Facility:	2 Classro		
Building Size (Sq. Ft.):	8000+					ige: 30+	
Present Use: S	school		Prior use):	School		
Asbestos Contractor:							
Name: Astar Abateme	nt, Inc.			_ Asbestos C	ontractor Lic	c. #: AC00	2602
Address: PO Box 13533							
City: Sissonville		State	e: <u>WV</u>		5360		
Contact: Roger Pritt				Phone:	304-343-	5950 x 113	
Other Contractor:							
Name:				_	WV/Montre	itor Lic. #:	
Address:					4//	(° R	
City:		State):	Zip:		_	
Contact:				Phone:	11)	N B	7
Building Inspection:					Pesticides & A Epprendiction	28 20	60
Inspection Date: Presume	ed .				Enforce &	4. <uib< td=""><td>////</td></uib<>	////
Asbestos Inspection By:				WV License	#: Epanen	t ostos	_ ///
Lab:				_ Analysis By	· Nep	in anch togram	
Procedure Used to Detect						100 11/ 15 (31 C62)	
Is Asbestos Present at 1%		✓ YES □	NO				
Project Designer:	Donald			WV License	-	AD003901	_
Air Monitor:	Triad Environ	mental		WV License	#: S e	ee Attached	
Schedule:							
Asbestos Removal:	Start: 6/25	5/2018	Completion:	7/2/2018			
Demo/Renovation:	Start:		Completion:				
Abatement Work Hours:	7:AM - 5:30	PM	Work Days:	M TUW T	H) SA S	3U	
Demo Work Hours:			Work Days:	M TU W T	H F SA S	SU .	

Date & Hour of Sudden Unexpected Event: Attach a description of the sudden, unexpected event a							
	N/A nd how this results in an I	insafe condi	ition would	rause equipment			
damage or an unreasonable financial burden.	no now tino recalls in air t		morr, would	saase eqaipment			
Demolition Ordered by Government Agency:							
Agency: N/A							
Name:	Title:	Di					
Date of Order:	Date Order to	Begin: _					
(Copy of order must be attached.)		· · · · · · · · · · · · · · · · · · ·					
Types of ACM:	1 10	40141107					
Asbestos Containing Material To Be Removed:	Cat. I & II Non-friabl	e ACM NOT	To Be Rem	loved:			
Type(s): Asbestos Ceiling Plaster/Tile	Type(s):						
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.):		% Asb				
Area (Sq. Ft.): 1,895 % Asbestos: >1%	Area (Sq. Ft.):		% Asb				
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft.):		% Asb	estos:			
Description of Planned Demolition or Renovation Work and OSHA Class II procedures including critical barriers, ba		ethods.					
Description of Procedures to be used to Comply with NESI							
Wet removal techniques, double bag ACM in pre-labele	d asbestos bags with g	enerator la	bel attached	<u> </u>			
Dispose of ACM at an EPA approved asbestos landfill							
Description of procedures to be followed in the event that u	nexpected asbestos is fo	und or previ	ously nonfria	ible ACM become			
Description of procedures to be followed in the event that u crumbled, pulverized or reduced to powder:	nexpected asbestos is fo	und or previo	ously nonfria	ible ACM become			
		und or previ	ously nonfria	ible ACM become			
crumbled, pulverized or reduced to powder:		und or previo	ously nonfria	ible ACM become			
crumbled, pulverized or reduced to powder:		und or previo	ously nonfria	ible ACM become			
crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish prop		und or previ	ously nonfria	ible ACM become			
crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish prop Waste Transporter:		und or previo	ously nonfria	ible ACM become			
crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish propulation Waste Transporter: Name: Dependable Roll-off		und or previo	ously nonfria	ible ACM become			
crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish propulation Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343	er removal methods.		ously nonfria	ible ACM become			
crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish propulation Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State	er removal methods.	41105		ible ACM become			
Crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish proposed in the Contact: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State Contact: Linda Strickland	er removal methods.	41105	ously nonfria	ible ACM become			
Crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish proposes. Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland Contact: Linda Strickland Waste Disposal Site:	er removal methods.	: <u>41105</u> one: 800	 649 0982				
Crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish proposes. Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental	er removal methods.	: <u>41105</u> one: 800					
Crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish proposed State Contact: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road	er removal methods. E. KY Zip Pho	: <u>41105</u> one: 800	 649 0982				
Crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish proposed States Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland States Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road City: Ashland States	E KY Zip	#:	— 649 0982 045-0001				
Crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish proposed State Contact: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road	E KY Zip	#:	 649 0982				
Crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish proposed States Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland States Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road City: Ashland States	E KY Zip Pho E	#:	045-0001 	2 n or renovation			
crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish proposed Steependable Roll-off Address: Dependable Roll-off Address: PO Box 1343 City: Ashland State Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road City: Ashland State Contact: Patty Certification: I certify that an individual trained in the provisions of 40CFF and evidence that the required training has been accomplise	EXY Zip Pho EXY Zip Pho EXIST Subpart M will be on hed by the person will be need in the notification is confident.	#:	045-0001 	2 n or renovation			

West Virginia



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION OFFICE USE ONLY

		I			LONLI	,
Date: 6/20/2018		ı	Rec'd:		Check No:	
On and an Danie at New	10.010	1	mark Date:		Paid By:	- 1
Operator Project No:	18-218	Notif	cation No:		Amount: \$	
Type of Notification: Original	R-1	on (Highlight Changes	5)		Cancellation	
Type of Operation: Demolition		Ordered Demolition	F	Renovation	Emer@hcy Renovatio	n
Facility Owner:					Mr. I.	
Name: Marshall Health					and the 20	^
Address: 1600 Medical Ce	nter Drive				Engles of The	♠
City: Huntington		State:	WV	Zip: <u>257</u>	01 500 10	
Contact: Rusty Dobbins				Phone:	304-694-4660	///
Facility Description:					The Colors	9
Name: Vacant Resident					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Address: 1403 10th Avenu	16		City: Hun			
County: Cabell	0400			Vithin Facility:	Room 12 & Windows	
Building Size (Sq. Ft.):	2100		Number of		Age: 70	
	cant		Prior use:		esidence	
Asbestos Contractor:						
Name: Astar Abatemen	t, Inc.			Asbestos Cor	ntractor Lic. #: AC002	602
Address: PO Box 13533		State: W	Λ/	Zip: 253	260	
City: Sissonville		State. Vi	<u> </u>	Zip: <u>253</u> Phone:	304-343-5950 x 113	
Contact: Roger Pritt				Priorie.	304-343-3330 X 113	
Other Contractor:						
Name: Danny Sullivan I	Excavating			W	V Contractor Lic. #: WV032	2072
Address: 801 Lane Street City: Coal Grove		State:	ОН	Zip: 456	38	
Contact: Danny Sullivan	·	Otate.	011	Phone:	740-534-8482	
				1 110110.	740-334-0402	
Building Inspection: Inspection Date: 5	5/22/2018					
Asbestos Inspection By:		Slate Jr.		WV License #	£: Al009368	
Lab:	CEI- Eurof		_	Analysis By:	Yvette Nkunde-Bo	se
Procedure Used to Detect F			М			
Is Asbestos Present at 1%		_	NO			
Project Designer:	Donal	d Morris		WV License #	#: <u>AD003901</u>	
Air Monitor:	N/A			WV License #	!	
Schedule:						
Asbestos Removal:	Start: 6/	19/2018 C	ompletion: _	6/20/2018		
Demo/Renovation:	Start: 6/	21/2018 C	ompletion: _	7/21/2018		
Abatement Work Hours:	7:AM - 5:	30 PM V	ork Days:	M EU W TH	F SA SU	
Demo Work Hours:	7am-5pm		ork Days:	MTUWTH	F SA SU	

Emergency Renovation:							
Date & Hour of Sudden Unexpected Event: N							
Attach a description of the sudden, unexpected event and damage or an unreasonable financial burden.	i now this results in an unsar	e condition, would c	ause equipment				
Demolition Ordered by Government Agency:							
Agency: N/A							
Name: Title:							
Date of Order:	Date Order to Beg	in:					
(Copy of order <u>must</u> be attached.) Types of ACM:			·				
Asbestos Containing Material To Be Removed:	Cat. I & II Non-friable AC	M NOT To Be Remo	wed.				
Type(s): Window Caulking/Glazing/Floor Tile	Type(s):	WINOT TO DE INCIN	wed.				
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.):	% Asbe	stos.				
Area (Sq. Ft.): 506 % Asbestos: 2-5%	Area (Sq. Ft.):	% Asbe					
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft.):	% Asbe					
Description of Planned Demolition or Renovation Work and M	Method(s) to be used:						
	, ,						
OSHA Class II procedures including critical barriers, bar	ricade tape and wet metho	ds.					
Description of Procedures to be used to Comply with NESHA							
Wat removal techniques, double had ACM in pre-labeled	achestes been with mener	hadaette lahel ante					
Wet removal techniques, double bag ACM in pre-labeled	aspestos bags with genera	ator laber attached					
Dispose of ACM at an EPA approved asbestos landfill	aspestos bags with genera	ator laber attached					
	aspesios bags with gener	ator laber attached					
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Dispose of ACM at an EPA approved asbestos landfill			ale ACM become				
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Dispose of ACM at an EPA approved asbestos landfill Description of procedures to be followed in the event that uncumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish prope Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State: Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road City: Ashland State: Contact: Patty	expected asbestos is found or removal methods. KY Zip: 4* Phone:	r previously nonfriat					
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Dispose of ACM at an EPA approved asbestos landfill Description of procedures to be followed in the event that uncumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish prope Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State: Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road City: Ashland State: Contact: Patty Certification: I certify that an individual trained in the provisions of 40CFR6	Expected asbestos is found of removal methods. KY Zip: 4' Phone: ID #:	r previously nonfriate 1105 800 649 0982 045-00012 1102 606-928-0239	or renovation				
Dispose of ACM at an EPA approved asbestos landfill Description of procedures to be followed in the event that uncombled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish prope Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State: Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road City: Ashland State: Contact: Patty Certification: I certify that an individual trained in the provisions of 40CFR6 and evidence that the required training has been accomplished.	KY Zip: 4: Phone: KY Zip: 4: Phone: 1, Subpart M will be on site of ed by the person will be avail	1105 800 649 0982 045-00012 1102 606-928-0239	or renovation				
Dispose of ACM at an EPA approved asbestos landfill Description of procedures to be followed in the event that uncumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish prope Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State: Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road City: Ashland State: Contact: Patty Certification: I certify that an individual trained in the provisions of 40CFR6	KY Zip: 4: Phone: KY Zip: 4: Phone: 1, Subpart M will be on site of ed by the person will be avail	1105 800 649 0982 045-00012 1102 606-928-0239	or renovation				
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Dispose of ACM at an EPA approved asbestos landfill Description of procedures to be followed in the event that une crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish prope Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State: Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road City: Ashland State: Contact: Patty Certification: I certify that an individual trained in the provisions of 40CFR6 and evidence that the required training has been accomplished business hours. I further certify that the information containe	KY Zip: 4' Phone: ID #: KY Zip: 4' Phone: ID #: KY Zip: 4' Phone: 1, Subpart M will be on site of by the person will be availed in the notification is correct.	1105 800 649 0982 045-00012 1102 606-928-0239	or renovation uring normal				
Dispose of ACM at an EPA approved asbestos landfill Description of procedures to be followed in the event that uncrumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and establish prope Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland State: Contact: Linda Strickland Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road City: Ashland State: Contact: Patty Certification: I certify that an individual trained in the provisions of 40CFR6 and evidence that the required training has been accomplished.	KY Zip: 4: Phone: KY Zip: 4: Phone: 1, Subpart M will be on site of ed by the person will be avail	1105 800 649 0982 045-00012 1102 606-928-0239	or renovation				

West Virginia



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION
OFFICE USE ONLY

		OFFICE USE ON	<u>-</u> •	
Date:6/20/2018	Date Rec'd:	Chec		
	Postmark Date:	Paid	B x(2)	
Operator Project No: 18-221	Notification No:	Amo	m) \$ & E	
			<u>/ </u>	
Type of Notification: ☐ Original ☐ Revision (Hi	ghlight Changes)	☐ Cancella	CAL ID	
Type of Operation: Demolition Order	red Demolition	Renovation	Sicile hergency Rendingtion	<u>E</u> //
Facility Owner:			A Perior Proc	
Name: West Virginia State University			on Williams	
Address: PO Box 1000				
City: Institute	State: WV	Zip: 25112		
Contact: Marvin Smith		Phone: 304- 7	766-3181	
Facility Description:				
Name: Vacant Residential Structure				
Address: 120 Brown Street	City: Inst	itute		
County: Kanawha		,	n 3 & exterior	
Building Size (Sq. Ft.): 1500	Number of		Age: 50+	
Present Use: Vacant	Prior use:	Resider	ce	
Asbestos Contractor:				
Name: Astar Abatement, Inc.		Asbestos Contracto	or Lic. #: AC002602	
Address: PO Box 13533				
City: Sissonville	State: WV	Zip: 25360		
Contact: Roger Pritt		Phone: 304-	343-5950 x 113	
Other Contractor:				
Name:		WV Cor	ntractor Lic. #:	
Address:				
City:	State:	Zip:		
Contact:		Phone:		
Building Inspection:				
Inspection Date: 11/20/2015				
Asbestos Inspection By: Jackie Sla	te Jr.	WV License #:	A1008379	
Lab: CEI Labs		Analysis By:	Taylor Metcalf	
Procedure Used to Detect Presence of Asbesto				
Is Asbestos Present at 1% or Greater: Project Designer: Donald Me	YES NO	WV License #:	AD003901	
, 0	01115	WV License #:	AD003301	
		VVV License #.		
Schedule:				
Asbestos Removal: Start: 6/19/2	·	6/20/2018		
Demo/Renovation: Start:	Completion: _			
Abatement Work Hours: 7:AM - 5:30 P	M Work Days:	MEUW THE S	SA SU	
Demo Work Hours:	Work Days:	M TU W TH F S	A SU	

Emergency Renovation:							
Date & Hour of Sudden Unexpected Event:	N/A						
Attach a description of the sudden, unexpected event	and how this results	in an unsafe condi	ition, would cause equipment				
damage or an unreasonable financial burden.							
Demolition Ordered by Government Agency:							
I							
	Agency: N/A Title:						
Name:		Order to Pegin:					
Date of Order:	Date C	Order to Begin: _					
(Copy of order <u>must</u> be attached.)							
Types of ACM:			T. D. D.				
Asbestos Containing Material To Be Removed:	1 1	n-friable ACM NOT	To Be Removed:				
Type(s): Transite/Window Cauling/Linoleum	Type(s):	····					
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.		% Asbestos:				
Area (Sq. Ft.): 2,616 % Asbestos: 2-25 %	Area (Sq. Ft.)		% Asbestos:				
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft	:.):	% Asbestos:				
Description of Planned Demolition or Renovation Work an	nd Method(s) to be u	ised:					
	` ,						
OSHA Class II procedures including critical barriers, t	parricade tape and	wet methods.					
Octavional procedures monathing strategic particles,	various tape and						
Description of Procedures to be used to Comply with NES	PLIAD (ADCEDGA CIT	bood MA					
			hal attached				
Wet removal techniques, double bag ACM in pre-labe		with generator ia	Dei attached				
Dispose of ACM at an EPA approved asbestos landfill		· · · · · · · · · · · · · · · · · · ·					
Description of procedures to be followed in the event that	unexpected asbesto	os is found or previ	ously nonfriable ACM become				
crumbled, pulverized or reduced to powder:							
Stop all activities, Notify the Owner, and establish pro	per removal meth	ods.					
		 					
Waste Transporter:							
Name: Dependable Roll-off							
Address: PO Box 1343							
City: Ashland Sta	ite: KY	Zip: 41105					
Contact: Linda Strickland		Phone: 800	649 0982				
Waste Disposal Site:							
Name: Green Valley Environmental		ID#:	045-00012				
Address: 100 Addington Road		1D #	043-00012				
	4	7: 44400					
City: Ashland Sta	ite: KY	Zip: 41102					
Contact: Patty		Phone: 606	-928-0239				
Certification:							
I certify that an individual trained in the provisions of 40CF	R61. Subpart M wil	l be on site during t	the demolition or renovation				
and evidence that the required training has been accomp							
business hours. I further certify that the information conta							
Table 10 and 1 million control that the information control	anca in the notineati	on is contoct.					
ρ	n 11/1						
Signature of Oursell Country Research	Putt/Cx	(2)	D.1.				
Signature of Owner/Operator:	Mul Ly	(CW)	Date: 6/20/2018				
1							

Roger Pritt/ President

Name and Title (Print or Type):

ASTAR PO Box 13533 Sissonville, WV 25360

10 29 3 12 3 1 20 1

CHARLESTON WV 250 21 JUN '18 PM 1 L

\$0.470 US POSTAGE FIRST-CLASS 071V00607951 25360 000030142

US Environmental Protection Agency Region III Attn: Asbestos Coordinator (3WC32) 1650 Arch Street Philadelphia, PA 19103-2029

19109-208799

Ֆիլլիդիդենի հենի ակրդի իումի կյումինի կեսի գրդև

	A CONTRACTOR OF THE CONTRACTOR	